

The Bucktail Medical Center

Case No.
4:15-bk-04297-JJT

Monthly Operating Report
October 2015

UNITED STATES BANKRUPTCY COURT

Middle District of Pennsylvania

In re The Bucktail Medical Center
Debtor

Case No. 4-15-04297-JJT

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: October 2015

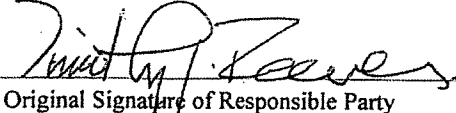
Date filed: 10/2/2015

Line of Business: Hospital & Skilled Nursing Facility

NAISC Code: 622110

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:


Original Signature of Responsible Party

Timothy Reeves, CEO

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

B 25C (Official Form 25C) (12/08)

- | | | |
|-------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? ☐ ☒

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS.

TOTAL INCOME \$ 399,973.95

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month \$ 315,558.76

Cash on Hand at End of Month \$ 406,944.44

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL** \$ 370,665.21

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT.

TOTAL EXPENSES \$ 308,588.27

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B) \$ 399,973.95

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) \$ 308,588.27

(Subtract Line C from Line B)

CASH PROFIT FOR THE MONTH \$ 91,385.68

NOTE: Cash on Hand at Start of Month + Cash Profit For The Month should equal Cash on Hand at End of Month.

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

TOTAL PAYABLES \$ 53,673.58

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE

TOTAL RECEIVABLES \$ 506,388.06

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?	<u>100</u>
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	<u>101</u>

PROFESSIONAL FEES**BANKRUPTCY RELATED:**

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ <u>0.00</u>
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TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ <u>0.00</u>
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NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ <u>0.00</u>
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TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ <u>0.00</u>
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PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ 430,627.00	\$ 399,973.95	\$ -30,653.05
EXPENSES	\$ 344,454.00	\$ 308,588.27	\$ -36,265.73
CASH PROFIT	\$ 86,173.00	\$ 91,385.68	\$ 5,612.68

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:	\$ 450,823.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:	\$ 511,728.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:	\$ -60,905.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

U.S. Bankruptcy Court
Small Business Operating Report
Explanation of Answers

Question	Answer
4	<p>Progress on the DIP accounts is as followed using the provided Approved Depositories</p> <ul style="list-style-type: none"> • Bank of America – No offices in Pennsylvania, only ATM locations • Citizens Bank – Advised they are not accepting DIP accounts for healthcare organizations • First National Community Bank – Nearest branch 150 miles away. No answer yet if they do DIP accounts • Fulton Bank – Stopped doing DIP accounts in May of 2014 • J.P. Morgan Bank – No offices in Pennsylvania, only ATM locations • PNC Bank – Calls have not been returned. • Sovereign Bank – Acquired by Santander. Santander no longer does DIP accounts. • Wells Fargo/Wachovia – Nearest branch 103 miles away. No answer yet if they do DIP accounts. <p>We have waited weeks to get information and have yet to locate a bank on the list willing/able to open DIP accounts.</p>
13	Deposit account remains at Santander per Cash Collateral Motion.
18	Paid 10/02/2015 payroll, payroll taxes, deductions, and benefits per the payroll motion.
Cash Available	Cash Available = Cash at beginning of the month + Cash Income – Expenses – Taxes Being Held for Payment

Form **8868**
(Rev. January 2014)**Application for Extension of Time To File an
Exempt Organization Return**Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	BUCKTAIL MEDICAL CENTER	Employer identification number (EIN) or 24-0701920
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1001 PINE STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RENOVO, PA 17764-1618	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ► **1001 PINE STREET - RENOVO, PA 17764-1618**

Telephone No. ► **570-923-1000**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.
433841 05-01-14

Form 8868 (Rev. 1-2014)

Bucktail Medical Center - Case # 4-15-04297-JJT
Cash Profit - Income/Expenses for Month
October 3 to October 31, 2015

											Exhibits B&C - 1.1	
Healthland			A/R Payments	A/R Payments	AHT	Credit Card	MISC	Cash Disb.	Reason for	Net	Total	
			A/R Payments	A/R Payments	AHT	Credit Card	MISC	Cash Disb.	Disbursement	Payroll	ACH	
M	922	PA SALES TAX PAYABLE					94.52					94.52
M	941	ACCTG-OTHER EXP					-0.86					-0.86
M	942	INTEREST - BANK ACCOUNTS					1.16					1.16
M	960	ADMIN-OTHER EXP					274.99					274.99
M	961	UTILITIES-TELEVISION					485.43					485.43
M	963	HEALTH INSURANCE					510.56					510.56
M	970	CAPITATION- FPH					823.00					823.00
M	971	CAPITATION-GHP					0.00					0.00
M	973	HPSA-PMT/CAPITATION					724.37					724.37
M	977	INTEREST - A/R ACCOUNTS					16.25					16.25
M	982	MEDICAL RECORDS					83.46					83.46
M	989	EMPLOYEE MEALS					1,573.40					1,573.40
M	991	NON OP REV-OTH/RENT					500.00					500.00
M	992	NON OP REV-DONATIONS					35.00					35.00
P	03	PAYMENT RECEIVED										0.00
P	101	MEDICARE PAYMENT		5,983.79								5,983.79
P	110	TRICARE/CHAMPUS PYMT		78,073.23								78,073.23
P	111	MED ASSIST ADV PYMT		8,417.27								8,417.27
P	121	FPH PAYMENT		64.23								64.23
P	201	BLUE CROSS PAYMENT		67.50								67.50
P	299	MA HMO-GHP-PMT		26,362.55								26,362.55
P	399	MA HMO-AETNA-PMT		7,211.96								7,211.96
P	401	COMMERCIAL PAYMENT		356.97								356.97
P	499	MA HMO-AMERILTH PMT		21,269.63								21,269.63
P	501	MED ASSISTANCE PYMT		564.97								564.97
P	601	GHP PAYMENT		1,448.14								1,448.14
P	666	BAD DEBT PAYMENT		2,734.59								2,734.59
P	701	MEDICARE ADV PAYMENT		665.89								665.89
P	801	AUTO INSURANCE PYMT		48,452.90								48,452.90
P	901	WORKERS COMP PYMT		487.96								487.96
				41.22								41.22
10/08/15	75118	BIMBO BAKERIES USA										0.00
10/14/15	486	ACCOUNT ANALYSIS FEE 9-30-15						-68.45	Food			-68.45
10/16/15	75119	PRAXAIR DISTRIBUTION MID-ATLAN						-308.74	Santander Bank Fee			-308.74
10/16/15	75120	BMC WAGE ATTACHMENT						-457.59	Oxygen			-457.59
10/16/15	75122	HORIZON FEDERAL CREDIT UNION						-215.00	fed wage attach			-215.00
10/16/15	75123	PARIS HEALTHCARE LINEN SERVICE						-1,052.00	Employee Savings			-1,052.00
10/16/15	75121	BRIDGEPORT CAPITAL FUNDING, LL						-864.58	linen/towels			-864.58
10/20/15	489	CHRISTMAS CLUBS-PD-10-16-15						-4,643.50	Lab Agency Personnel			-4,643.50
10/21/15	490	PRINCIPAL-AP LOAN						-965.00	Employee savings			-965.00
10/21/15	495	INTEREST-AP LOAN						-1,722.41	Santander AP Loan pmt			-1,722.41
10/21/15	75124	US SUPPLY COMPANY, INC						-2,525.47	Santander AP Loan pmt			-2,525.47
10/21/15	497	FICA-EE-10-16-15						-469.54	Lab supplies			-469.54
10/21/15	498	FICA-Employer-10-16-15						-7,901.18	Payroll taxes	0.00		-7,901.18
10/21/15	496	FWT-PD-10-16-15						-7,901.18	Payroll taxes	0.00		-7,901.18
10/22/15	499	STATE TAX-PD-10-16-15						-11,482.21	Payroll taxes	0.00		-11,482.21
10/23/15	75125	PRAXAIR DISTRIBUTION MID-ATLAN						-3,170.77	Payroll taxes	0.00		-3,170.77
10/23/15	75126	ALERE NORTH AMERICA, LLC						-522.35	Oxygen			-522.35
								-965.00	Lab Supplies			-965.00

Bucktail Medical Center - Case# 4-15-04297-JJT
AP Aging Detail for Period 10-03-15 to 10-31-15

Vndr #	Vendor Name	Invoice Number	Invoice Date	Due Date	Description	Current	31-60	61-90	90+	Balance Due
1008	AFLAC	317454	10/31/15	11/30/15	Employee Benefits	592.81	0.00	0.00	0.00	592.81
1430	ALLIED RESOURCE MEDICAL STAFFING	1150002808	10/26/15	11/25/15	Nursing Agency staff	2,299.25	0.00	0.00	0.00	2,299.25
1430	ALLIED RESOURCE MEDICAL STAFFING	115 000 2883	10/31/15	11/30/15	Nursing Agency staff	2,057.00	0.00	0.00	0.00	2,057.00
1021	AMERICAN RED CROSS	41906344	10/31/15	11/30/15	Lab - Blood	508.30	0.00	0.00	0.00	508.30
1625	ASSURITY LIFE INSURANCE COMPANY	400126 1441	10/15/15	11/14/15	Employee Benefits	68.01	0.00	0.00	0.00	68.01
1562	BAYMEDICAL PRODUCTS	12094813	10/29/15	11/29/15	Lab Supplies	103.73	0.00	0.00	0.00	103.73
1031	BECKMAN COULTER, INC	105234380	10/23/15	11/22/15	Lab supplies	132.77	0.00	0.00	0.00	132.77
1031	BECKMAN COULTER, INC	105248947	10/29/15	11/28/15	Lab supplies	189.68	0.00	0.00	0.00	189.68
1463	BLUE CROSS OF N.E. PA	13334331	10/12/15	11/11/15	Employee Benefits	265.08	0.00	0.00	0.00	265.08
1563	BRIGGS CORPORATION	8166361	10/29/15	11/28/15	Medical Supplies	52.20	0.00	0.00	0.00	52.20
1563	BRIGGS CORPORATION	8166370	10/29/15	11/28/15	Medical Supplies	104.40	0.00	0.00	0.00	104.40
1563	BRIGGS CORPORATION	8161385	10/26/15	11/25/15	Medical Supplies	220.66	0.00	0.00	0.00	220.66
1084	COMCAST CABLE	DUE 11/16/2015	10/23/15	12/05/15	Internet/TV	717.49	0.00	0.00	0.00	717.49
1116	DOLLAR GENERAL CHR	1000460635	10/30/15	11/29/15	MISC supplies	24.00	0.00	0.00	0.00	24.00
1612	FIRST PRIORITY LIFE	13341317	10/12/15	11/11/15	Employee Benefits	32,581.63	0.00	0.00	0.00	32,581.63
1612	FIRST PRIORITY LIFE	13339670	10/12/15	11/11/15	Employee Benefits	553.21	0.00	0.00	0.00	553.21
1154	HEALTHLAND INC.	0392533	10/14/15	11/13/15	IT/Elec Health Records	27.30	0.00	0.00	0.00	27.30
1175	ILLINOIS MUTUAL LIFE	10/20/15	10/20/15	11/19/15	Employee Benefits	107.80	0.00	0.00	0.00	107.80
1683	IMMUCOR, INC.	INV/ 13105898	10/29/15	11/28/15	Lab Supplies	196.17	0.00	0.00	0.00	196.17
1664	INDUSTRIAL CHEM LABS	183120	10/05/15	11/04/15	Lab Supplies	219.71	0.00	0.00	0.00	219.71
1208	KEYSTONE MOBILE SHREDDING INC	15707	10/15/15	11/14/15	Records shred/disposal	210.00	0.00	0.00	0.00	210.00
1215	LINGLE'S MARKET	10/26/15	10/26/15	11/25/15	Food	3.25	0.00	0.00	0.00	3.25
1215	LINGLE'S MARKET	10/29/15	10/29/15	11/28/15	Food	59.84	0.00	0.00	0.00	59.84
1215	LINGLE'S MARKET	DATED 10/26/15	10/26/15	11/25/15	Maintenance supplies	36.95	0.00	0.00	0.00	36.95
1221	LOWE'S CREDIT CARD	DUE 11/20/15	10/27/15	11/26/15	Mental Health Services	54.26	0.00	0.00	0.00	54.26
1678	LYCOMING THERAPEUTIC WRAP AROUND SE	10/23/15	10/23/15	11/22/15	Mental Health Services	97.00	0.00	0.00	0.00	97.00
1678	LYCOMING THERAPEUTIC WRAP AROUND SE	10/09/15	10/09/15	11/08/15	Mental Health Services	97.00	0.00	0.00	0.00	97.00
1678	LYCOMING THERAPEUTIC WRAP AROUND SE	10/30/15	10/30/15	11/29/15	Mental Health Services	97.00	0.00	0.00	0.00	97.00
1229	MERCEDES MEDICAL	1782953	10/29/15	11/28/15	Medical Supplies	14.00	0.00	0.00	0.00	14.00
1232	METLIFE - GROUP BENEFITS	10/16/15	10/16/15	11/15/15	Employee Benefits	511.83	0.00	0.00	0.00	511.83
1264	PA UC FUND	10/11/15	10/11/15	11/10/15	Employee Benefits	2,115.00	0.00	0.00	0.00	2,115.00
1271	PARIS HEALTHCARE LINEN SERVICE	6046614	10/31/15	11/30/15	Linen/towels	695.91	0.00	0.00	0.00	695.91
1271	PARIS HEALTHCARE LINEN SERVICE	6046213	10/03/15	11/02/15	Linen/towels	801.27	0.00	0.00	0.00	801.27
1510	PENNSYLVANIA STATE POLICE	R15024289	10/14/15	11/13/15	Background check	8.00	0.00	0.00	0.00	8.00
1682	RAPID TEMPS, INC.	76453	10/26/15	11/25/15	Lab Agency Staff	3,434.00	0.00	0.00	0.00	3,434.00
1301	REINHART FOODSERVICE	108583	10/27/15	11/26/15	Food	2,245.64	0.00	0.00	0.00	2,245.64
1301	REINHART FOODSERVICE	102598	10/16/15	11/15/15	Food	140.86	0.00	0.00	0.00	140.86
1306	RENOVO DISPOSAL SERVICES INC	37177	10/05/15	11/04/15	Waste Disposal	369.60	0.00	0.00	0.00	369.60
1324	SCHUYLKILL MOBILE FONE	32443496	10/03/15	11/02/15	Phone	384.08	0.00	0.00	0.00	384.08
1356	SUSQUEHANNA PAPER & SUPPLY CORP.	435160	10/09/15	11/08/15	Housekeeping Supplies	68.02	0.00	0.00	0.00	68.02
1380	TOTALFUNDS BY HASLER	10/14/15	10/25/15	11/24/15	Postage	250.00	0.00	0.00	0.00	250.00
1684	TRACY BRUNO	10/31/15	10/31/15	11/30/15	Resident hair cuts	160.00	0.00	0.00	0.00	160.00
1322	VALLEY FARMS DAIRY	1570053773	10/28/15	11/27/15	Food/Dairy	229.59	0.00	0.00	0.00	229.59
1179	VOYA RETIREMENT INSURANCE & ANNUITY C	10/31/15	10/31/15	11/30/15	Employee Benefits	11.16	0.00	0.00	0.00	11.16
1519	WEBROOT, INC.	1050867	10/26/15	11/25/15	Anti-virus/IT	558.12	0.00	0.00	0.00	558.12
						53,673.58	0.00	0.00	0.00	53,673.58

Bucktail Medical Center - Case No-4-15-04297-JJT
 Exhibit D - Money Owed to Bucktail Medical Center
 For Month Ending 10/31/2015

	GROSS A/R		ALLOWANCES			Estimated Net A/R
	Healthland (Hospital) & AHT (Nursing Home)	Total	Contractual Allowance Estimate	Bad Debt Estimate	Total	
Medicare	\$ 278,918.00	\$ 278,918.00	\$ (134,297.00)	\$ -	\$ (134,297.00)	\$ 144,621.00
Medicare Advantage (Medicare HMO)	180,295.00	180,295.00	(63,479.00)	(41,442.52)	(104,921.52)	\$ 75,373.48
Medicare Part B	25,553.00	25,553.00	-	(25,553.00)	(25,553.00)	\$ -
Blue Cross	55,665.00	55,665.00	(29,976.00)	(5,040.50)	(35,016.50)	\$ 20,648.50
Commercial	123,147.00	123,147.00	(79,649.84)	(28,889.93)	(108,539.77)	\$ 14,607.23
First Priority	539.00	539.00	(4,449.00)	404.25	(4,044.75)	\$ (3,505.75)
Geisinger Health Medical Assistance & MA (HMO)	14,845.00	14,845.00	(5,829.00)	(2,041.73)	(7,870.73)	\$ 6,974.27
Replacement	474,486.00	474,486.00	(273,700.00)	(48,927.37)	(322,627.37)	\$ 151,858.63
Tricare/Auto/WC	19,888.00	19,888.00	-	(6,831.96)	(6,831.96)	\$ 13,056.04
Self Pay	327,934.05	327,934.05		(245,179.39)	(245,179.39)	\$ 82,754.66

Totals \$ 1,501,270.05 \$ 1,501,270.05 \$ (591,379.84) \$ (403,502.15) \$ (994,881.99) \$ 506,388.06

TB \$ (506,388.06)
0.00

12/10/15
16:06

Bucktail Medical Center
Period End Aging Analysis Report - Summary as of OCT, 2016
Summarized by Financial Class

Page: 1

Application Code: AR		User Login Name: wjanerella						
Financial Class	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Balance		
01 - MEDICARE	105,072.71	78,940.20	2,914.80	382.00	88,710.90	276,020.61	32.14%	
UnBilled	173,785.03	891.00	0.00	0.00	0.00	174,676.03	0.00%	
01	278,857.74	79,831.20	2,914.80	382.00	88,710.90	450,696.64	19.68%	
02 - BLUE CROSS	40,681.87	9,811.93	261.00	2,922.96	1,953.43	55,631.19	3.51%	
UnBilled	7,858.00	0.00	0.00	0.00	0.00	7,858.00	0.00%	
02	48,539.87	9,811.93	261.00	2,922.96	1,953.43	63,489.19	3.08%	
03 - SELF PAY	11,109.35	17,661.05	14,459.22	21,753.75	199,032.69	264,016.06	75.39%	
UnBilled	1,457.00	0.00	0.00	0.00	0.00	1,457.00	0.01%	
03	12,566.35	17,661.05	14,459.22	21,753.75	199,032.69	265,473.06	74.97%	
04 - COMMERCIAL	23,148.63	11,055.22	5,382.37	16,041.16	43,687.34	99,314.72	43.99%	
UnBilled	11,743.00	0.00	0.00	0.00	0.00	11,743.00	0.00%	
04	34,891.63	11,055.22	5,382.37	16,041.16	43,687.34	111,057.72	39.34%	
05 - MEDICAL ASSISTANT	3,133.12	5,620.15	2,332.88	1,631.31	135,356.74	148,074.20	91.41%	
UnBilled	3,204.25	88.00	0.00	0.00	0.00	3,292.25	0.00%	
05	6,337.37	5,708.15	2,332.88	1,631.31	135,356.74	151,366.45	89.42%	
06 - GEISINGER HEALTH	10,889.46	972.10	1,231.10	693.00	1,059.00	14,844.66	7.13%	
UnBilled	3,371.00	0.00	0.00	0.00	0.00	3,371.00	0.00%	
06	14,260.46	972.10	1,231.10	693.00	1,059.00	18,215.66	5.81%	
07 - MEDICARE ADVANTA	23,025.06	33,203.20	49,335.75	40,610.10	34,105.86	180,279.97	18.92%	
UnBilled	81,340.06	-0.06	0.00	0.00	0.00	81,340.00	0.00%	
07	104,365.12	33,203.14	49,335.75	40,610.10	34,105.86	261,619.97	13.04%	
08 - AUTO LIABILITY	836.00	5,292.90	0.00	0.00	1,449.83	7,578.73	19.13%	
UnBilled	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	
08	836.00	5,292.90	0.00	0.00	1,449.83	7,578.73	19.13%	
09 - WORKERS COMP	930.00	5,121.00	92.00	0.00	-39.27	6,103.73	-0.64%	
UnBilled	3,666.00	0.00	0.00	0.00	0.00	3,666.00	0.00%	
09	4,596.00	5,121.00	92.00	0.00	-39.27	9,769.73	-0.40%	

Exhibit E - 2.1

Bucktail Medical Center
Period End Aging Analysis Report - Summary as of OCT, 2016
Summarized by Financial Class

Application Code: AR	Financial Class	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Balance	User Login Name: vjanerella
	10 - TRICARE/CHAMPUS	2,151.76	1,382.61	72.00	0.00	2,598.54	6,204.91	
	UnBilled	477.00	0.00	0.00	0.00	0.00	477.00	
10		2,628.76	1,382.61	72.00	0.00	2,598.54	6,681.91	
	11 - MEDICAL ASSISTANT	63,333.00	31,665.72	14,312.93	9,218.93	37,132.81	155,663.39	
	UnBilled	10,779.00	0.00	0.00	0.00	0.00	10,779.00	
11		74,112.00	31,665.72	14,312.93	9,218.93	37,132.81	166,442.39	
	12 - FIRST PRIORITY HEALTH	52.00	140.00	347.00	0.00	0.00	539.00	
	UnBilled	184.00	0.00	0.00	0.00	0.00	184.00	
12		236.00	140.00	347.00	0.00	0.00	723.00	
	40 - MEDICARE PART B	0.00	0.00	0.00	0.00	25,553.37	25,553.37	
	UnBilled	0.00	0.00	0.00	0.00	0.00	0.00	
40		0.00	0.00	0.00	0.00	25,553.37	25,553.37	
	88 - MISCELLANEOUS	1,000.00	0.00	259.00	0.00	0.00	1,259.00	
	UnBilled	0.00	0.00	0.00	0.00	0.00	0.00	
88		1,000.00	0.00	259.00	0.00	0.00	1,259.00	
	Billed Total:	<u>285,362.96</u>	<u>200,866.08</u>	<u>91,000.05</u>	<u>93,253.21</u>	<u>570,601.24</u>	<u>1,241,083.54</u>	
	Outstanding Charges:	<u>297,864.34</u>	<u>978.94</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>298,843.28</u>	
	Grand Totals:	<u>583,227.30</u>	<u>201,845.02</u>	<u>91,000.05</u>	<u>93,253.21</u>	<u>570,601.24</u>	<u>1,539,926.82</u>	

Number of Bills Processed : 3,241

Report Type : Period End Aging Analysis Summarized by Financial Class

Financial Class : All

Facility : All

Patient Type : All

Patient Class : All

Bad Debt Status : All bills, except bad debt bills

Period : 4 Fiscal Year: 2016

Interim Aged Analysis Summary
 Bucktail Medical Center (BT)
 For the Month of October, 2015

Page 6 of 6
 11/11/2015 7:33AM
 AR6200B

For the Month of October, 2015															AR6200B
Resident (Res #)(Discharge Date)		Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Balance
Type	Balance														
Interim Aged Analysis Summary															
MA	139,046.05	8,887.83		9,907.05-	8,888.92	336.90-	388.33-	313.90	91.80-	91.90-	466.01	75.10-	15.10-	9,050.00	153,546.63
MRA	336.88	505.33		981.02	5.99-				4.73-	4.73-		1,071.38		20.68-	2,858.50
PND	12,702.00	4,818.00													17,520.00
RL	6,590.44	1,370.69-		1,302.74	407.13-	202.49	894.53	509.90	274.68	80.06	1,061.61	1,023.80	945.00	14,531.26	26,638.69
IXA				945.00	157.50							1,064.00-			38.50
PVT	25,410.87	300.00		438.00	394.00								125.22	11,690.42	38,358.51
INS	6,789.00	6,588.90		18.90		2,902.40									16,299.20
MGC								5,037.00	2,537.00	3,162.60				4,492.12-	6,244.48
MGB														318.00-	318.00-
	180,875.24	17,529.47		6,221.39-	9,027.30	2,767.99	506.20	5,860.80	2,715.15	3,146.03	1,527.62	956.08	1,055.12	30,440.90	260,186.51
	73%	7%		2%-	3%	1%	0%	2%	1%	1%	1%	0%	0%	12%	100%

Application Code: CM

Bucktail Medical Center

Reconciliation Report

Page: 1

User: krossell

Bank Code: 01 Santander Bank (General/AP) Account No: 1000-001

Beginning Balance:	93,816.92	10/01/2015
Deposits:	494,662.21	
Disbursements:	445,999.47	
Adjustments:	-7,111.52	

Ending Balance:	<u>135,368.14</u>	10/31/2015
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Less Outstanding Deposits:	577.09
Plus Outstanding Disbursements:	80,615.31
Less Outstanding Adjustments:	-891.51

Statement Balance:	<u>216,297.87</u>
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Outstanding Entries

Transation Date	Reference #	Description	Type	Decrease	Increase
06/29/2012	603	Non-Healthland oustnd chcks	Adjustment	891.51	0.00
10/22/2012	71368	VETERANS ADMINISTRATION	Disbursement	22.11	0.00
11/16/2012	71459	KENDRA GOULD	Disbursement	20.00	0.00
03/07/2014	73106	BUCKTAIL VARSITY CHEERLEAD	Disbursement	25.00	0.00
04/08/2015	74407	OHIO CASUALTY	Disbursement	75.63	0.00
08/21/2015	74928	AFSCME, COUNCIL 13	Disbursement	978.66	0.00
09/11/2015	74801	AMERICAN ASSOCIATION OF BIO/	Disbursement	0.00	38.00
09/18/2015	75041	AFSCME, COUNCIL 13	Disbursement	988.90	0.00
10/23/2015	75126	ALERE NORTH AMERICA, LLC	Disbursement	985.00	0.00
10/23/2015	75129	BECKMAN COULTER, INC	Disbursement	4,459.43	0.00
10/23/2015	75145	SCHOONOVER, TINA	Disbursement	44.50	0.00
10/23/2015	75127	ALLIED RESOURCE MEDICAL STA	Disbursement	6,658.50	0.00
10/23/2015	75138	KAREN MILLS	Disbursement	26.09	0.00
10/29/2015	75150	PRAXAIR DISTRIBUTION MID-ATL	Disbursement	511.46	0.00
10/30/2015	75151	AFLAC	Disbursement	592.81	0.00
10/30/2015	75152	AFSCME, COUNCIL 13	Disbursement	1,504.45	0.00
10/30/2015	75153	AMERICAN RED CROSS	Disbursement	508.30	0.00
10/30/2015	75157	BMC WAGE ATTACHMENT	Disbursement	412.50	0.00
10/30/2015	75160	COMCAST CABLE	Disbursement	128.63	0.00
10/30/2015	75161	CONLY, FRANK L MD	Disbursement	2,000.00	0.00
10/30/2015	75164	HORIZON FEDERAL CREDIT UNIO	Disbursement	1,052.00	0.00
10/30/2015	75165	ILLINOIS MUTUAL LIFE	Disbursement	107.80	0.00
10/30/2015	75179	VOYA RETIREMENT INSURANCE &	Disbursement	22.32	0.00

**Bucktail Medical Center
Reconciliation Report**

Exhibit F - 1.2

Page: 2

User: krossell

Outstanding Entries

Transation Date	Reference #	Description	Type	Decrease	Increase
10/30/2015	75166	KEYSTONE CENTRAL AUTO	Disbursement	8.98	0.00
10/30/2015	75168	KEYSTONE COMMUNITY NETWOI	Disbursement	837.50	0.00
10/30/2015	75169	LINGLE'S MARKET	Disbursement	79.60	0.00
10/30/2015	75170	METLIFE - GROUP BENEFITS	Disbursement	511.83	0.00
10/30/2015	75173	PARIS HEALTHCARE LINEN SERVI	Disbursement	838.54	0.00
10/30/2015	75176	REINHART FOODSERVICE	Disbursement	2,478.17	0.00
10/30/2015	75178	VALLEY FARMS DAIRY	Disbursement	290.97	0.00
10/30/2015	75156	BLUE CROSS OF N.E. PA	Disbursement	260.91	0.00
10/30/2015	75171	NORTH AMERICAN BENEFITS COM	Disbursement	1,677.84	0.00
10/30/2015	75159	BRIGGS CORPORATION	Disbursement	1,417.42	0.00
10/30/2015	75174	PHYSIO-CONTROL, INC.	Disbursement	55.99	0.00
10/30/2015	75177	SOUTH RENOVOR BOROUGH	Disbursement	1,086.00	0.00
10/30/2015	75167	KEYSTONE CENTRAL SCHOOL DIS	Disbursement	9,227.23	0.00
10/30/2015	75172	PA UC FUND	Disbursement	441.77	0.00
10/30/2015	75163	FIRST PRIORITY LIFE	Disbursement	32,504.46	0.00
10/30/2015	75154	ASSURITY LIFE INSURANCE COMI	Disbursement	68.01	0.00
10/30/2015	75158	BRIDGEPORT CAPITAL FUNDING,	Disbursement	2,680.00	0.00
10/30/2015	75155	BEVERLY GARDEN, RD, LDN	Disbursement	1,417.50	0.00
10/30/2015	75162	DOUG LUNDY ELECTRIC	Disbursement	1,100.00	0.00
10/30/2015	75175	RAPID TEMPS, INC.	Disbursement	2,546.50	0.00
10/30/2015	66812	Miscellaneous Cash Receipt	Deposit	0.00	577.09
Bank Total:				81,544.82	615.09

Total Number of Outstanding Entries Printed: 44

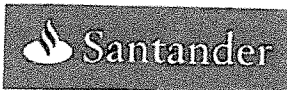


Exhibit F - 2.1

Statement Period 10/01/15 TO 10/31/15
Primary Account #: 34690685

For your convenience our Business
Customer Contact Center is available Monday
through Friday, 8:00 am to 6:00 pm.
and Saturday, 8:00 am to 5:00 pm.
Call us at 1-877-768-1145.
www.santanderbank.com

MSBG02AJ151102234909-00002913-003-10 00

GENERAL ACCOUNT
THE BUCKTAIL MEDICAL CENTER
1001 PINE ST
RENOVO PA 17764-1618

0000
1 0 3 1

BUSINESS BANKING ANALYZED CHECKING

Statement Period 10/01/15 - 10/31/15

THE BUCKTAIL MEDICAL CENTER

Account # 34690685

Balances

Beginning Balance	\$103,389.70	Ending Balance	\$216,297.87
Deposits/Credits	+\$487,476.11	Average Daily Balance	\$205,528.20
Withdrawals/Debits	-\$374,567.94		

Checks Posted

Check #	Date Paid	Amount	Reference	Check #	Date Paid	Amount	Reference
74979	10/02	\$48.00	0995490965	75125	10/28	\$522.35	1054367805
75077*	10/01	\$19.16	0970318455	75128*	10/28	\$425.00	0974783800
75078	10/02	\$1,792.00	0995401225	75130*	10/26	\$2,834.00	0985278095
75086*	10/07	\$398.13	0981630400	75131	10/30	\$394.12	0985822915
75085*	10/01	\$200.21	0980036030	75132	10/29	\$918.09	0974959220
75100*	10/05	\$463.35	0970507495	75133	10/28	\$530.70	0974818085
75103*	10/02	\$457.00	0980217660	75134	10/27	\$60.00	0974458035
75104	10/08	\$800.00	1051911225	75135	10/29	\$658.60	0975275420
75106*	10/07	\$100.00	0971015325	75136	10/28	\$11,292.57	0974620970
75113*	10/06	\$2,750.00	0981387195	75137	10/28	\$5,841.88	0991432765
75114	10/07	\$83.63	0981729405	75139*	10/29	\$198.28	0975280885
75115	10/01	\$4,000.00	1050958216	75140	10/28	\$214.86	1054384051
75116	10/01	\$1,052.00	1050958209	75141	10/29	\$1,923.34	0991508365
75117	10/01	\$625.00	1050958214	75142	10/28	\$1,000.00	0974577485
75118	10/14	\$68.45	0972096010	75143	10/27	\$1,001.07	0974363520
75119	10/20	\$457.59	1053425503	75144	10/28	\$4,224.69	0974618740
75120	10/19	\$215.00	1053263395	75146*	10/27	\$148.56	0985464780
75121	10/20	\$4,643.50	0973227200	75147	10/30	\$100.00	0985983130
75122	10/19	\$1,052.00	0984048300	75148	10/29	\$428.04	0975192730
75123	10/20	\$864.58	0984232810	75149	10/28	\$221.71	0991265055
75124	10/23	\$469.54	0980353730				

41 Check(s) Posted = \$53,497.00 Ties to Bank Reconciliation - Cpm
An asterisk (*) indicates a skip in sequential check numbers.

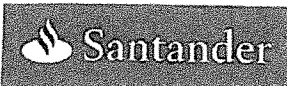
Account Activity

Date	Description	Credits	Debits	Balance
10-01	Beginning Balance			\$103,389.70
10-01	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT			\$153,389.70
10-01	NOVITAS SOLUTION HCCLAIMPMT151001 TRN*1*EFT3079489*120	\$50,000.00		\$174,169.79
10-01	FDMS SETTLEMENT DEPOSIT 151001 235166131997	\$20,780.09		\$174,169.79
10-01	CASHED CHECK 000000075117	\$10.00		\$174,179.79
10-01	CASHED CHECK 000000075116		\$625.00	\$173,554.79
10-01	CASHED CHECK 000000075115		\$1,052.00	\$172,502.79
10-01	SANTANDER BANK, LOAN TRANS000000 0000000000000015		\$4,000.00	\$168,502.79
10-01	SANTANDER BANK, LOAN TRANS000000 0000000000000015		\$4,713.55	\$163,789.24
		\$10,158.80		\$153,630.44



Account Activity (Cont. for Acct# 34690685)

Date	Description	Credits	Debits	Balance
10-01	CHECK 000000075077		\$19.16	\$153,611.28
10-01	CHECK 000000075095		\$200.21	\$153,411.07
10-01	BUCKTAIL MEDICAL ACCT TRANS151001 BATCH OFFSET		\$8,574.41	\$144,836.66
10-01	BUCKTAIL MEDICAL ACCT TRANS151001 BATCH OFFSET		\$68,048.69	\$76,787.97
10-02	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT	\$8,637.76		\$85,425.73
10-02	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT	\$4,814.00		\$90,239.73
10-02	FDMS-SETTLEMENT DEPOSIT 151002 235166131997	\$1,823.41		\$92,063.14
10-02	BRANCH MIXED DEPOSIT AT RENOVO	\$928.96		\$92,992.10
	CASH DEPOSIT \$ 98.70			
	CHECK DEPOSIT \$ 830.26			
10-02	NOVITAS SOLUTION HCCLAIMPMT151002 TRN*1*EFT3080550*120	\$551.55		\$93,543.65
10-02	BRANCH MIXED DEPOSIT AT RENOVO	\$534.64		\$94,078.29
	CASH DEPOSIT \$ 507.44			
	CHECK DEPOSIT \$ 27.20			
10-02	FDMS-SETTLEMENT INTERCHNG 151002 235166131997		\$6.72	\$94,071.57
10-02	FDMS-SETTLEMENT FEE 151002 235166131997		\$11.25	\$94,060.32
10-02	FDMS-SETTLEMENT DISCOUNT 151002 235166130999		\$19.95	\$94,040.37
10-02	FDMS-SETTLEMENT FEE 151002 235166130999		\$26.95	\$94,013.42
10-02	CHECK 000000074979		\$48.00	\$93,965.42
10-02	FDMS-SETTLEMENT DISCOUNT 151002 235166131997		\$157.73	\$93,807.69
10-02	CHECK 000000075103		\$457.00	\$93,350.69
10-02	BUCKTAIL MED GEN PAYROLL 151002 BATCH OFFSET		\$965.00	\$92,385.69
10-02	CHECK 000000075078		\$1,792.00	\$90,593.69
10-02	PRINCIPAL LIFE P PLIC-PERIS 8-0937200001088		\$2,448.05	\$88,145.64
10-02	PRINCIPAL LIFE P PLIC-PERIS 8-0937200001089		\$2,448.83	\$85,696.81
10-02	PRINCIPAL LIFE P PLIC-PERIS 8-0937200001090		\$2,480.85	\$83,215.96
10-02	COMMWLTHOPPA INT PAEMPLOYTX150929 TXP*15761133 *		\$3,287.59	\$79,928.37
10-02	BUCKTAIL MED GEN TAXPAYMENT151002 BATCH OFFSET		\$28,385.83	\$51,542.54
10-05	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT	\$21,137.31		\$72,679.85
10-05	BRANCH MIXED DEPOSIT AT RENOVO	\$7,196.11		\$79,875.96
	CASH DEPOSIT \$ 30.00			
	CHECK DEPOSIT \$ 7,166.11			
10-05	NOVITAS SOLUTION HCCLAIMPMT151005 TRN*1*EFT3081562*120	\$2,665.38		\$82,541.34
10-05	CHECK 000000075100		\$463.35	\$82,077.99
10-06	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT	\$8,740.25		\$90,818.24
10-06	CHECK 000000075113		\$2,750.00	\$88,068.24
10-07	PGBA TRICARE NR6 HCCLAIMPMT151002 TRN*1*5017328274NR6*	\$7,183.22		\$95,251.46
10-07	NOVITAS SOLUTION HCCLAIMPMT151007 TRN*1*EFT3083386*120	\$2,521.40		\$97,772.86
10-07	BRANCH MIXED DEPOSIT AT RENOVO	\$1,772.97		\$99,545.83
	CASH DEPOSIT \$ 30.00			
	CHECK DEPOSIT \$ 1,742.97			
10-07	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT	\$1,697.01		\$101,242.84
10-07	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT	\$661.61		\$101,904.45
10-07	FDMS-SETTLEMENT DEPOSIT 151007 235166131997	\$10.00		\$101,914.45
10-07	PGBA TRICARE NR6 HCCLAIMPMT151002 TRN*1*5004569274NR6*	\$7.86		\$101,922.31
10-07	COMM OF PA PROMISE MA151007 TRN*1*51207513003594	\$1.98		\$101,924.29
10-07	CHECK 000000075114		\$83.63	\$101,840.66
10-07	CHECK 000000075106		\$100.00	\$101,740.66
10-07	CHECK 000000075086		\$398.13	\$101,342.53
10-08	NOVITAS SOLUTION HCCLAIMPMT151008 TRN*1*EFT3084259*120	\$5,164.41		\$106,506.94
10-08	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT	\$1,338.00		\$107,844.94
10-08	BRANCH MIXED DEPOSIT AT RENOVO	\$849.19		\$108,694.13
	CASH DEPOSIT \$ 262.99			
	CHECK DEPOSIT \$ 586.20			
10-08	NOVITAS SOLUTION HCCLAIMPMT151008 TRN*1*EFT3084526*120	\$724.37		\$109,418.50
10-08	NOVITAS SOLUTION HCCLAIMPMT151008 TRN*1*EFT3084333*120	\$712.89		\$110,131.39
10-08	CHECK 000000075104		\$800.00	\$109,331.39
10-09	NOVITAS SOLUTION HCCLAIMPMT151009 TRN*1*EFT3084852*120	\$25,560.36		\$134,891.75
10-09	BRANCH MIXED DEPOSIT AT RENOVO	\$3,753.89		\$138,645.64
	CASH DEPOSIT \$ 25.00			
	CHECK DEPOSIT \$ 3,728.89			
10-09	NOVITAS SOLUTION HCCLAIMPMT151009 TRN*1*EFT3085004*120	\$3,052.91		\$141,698.55

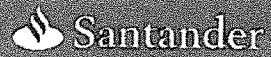


Account Activity (Cont. for Acct# 34690685)

Date	Description	Credits	Debits	Balance
10-09	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT	\$1,351.20		\$143,049.75
10-13	BRANCH MIXED DEPOSIT AT RENOVO	\$1,410.86		\$144,460.61
	CASH DEPOSIT \$ 65.00			
	CHECK DEPOSIT \$ 1,345.86			
10-13	PGBA TRICARE NR6 HCCLAIMPMT151008 TRN*1*5037169280NR6*	\$60.09		\$144,520.70
10-13	FDMS-SETTLEMENT DEPOSIT 151013 235166131997	\$50.00		\$144,570.70
10-14	COMM OF PA PROMISE MA151014 TRN*1*51957515000186	\$138,589.94		\$283,160.64
10-14	BRANCH MIXED DEPOSIT AT RENOVO	\$45,976.10		\$329,136.74
	CASH DEPOSIT \$ 50.00			
	CHECK DEPOSIT \$ 45,926.10			
10-14	NOVITAS SOLUTION HCCLAIMPMT151014 TRN*1*EFT3087262*120	\$3,795.33		\$332,932.07
10-14	NOVITAS SOLUTION HCCLAIMPMT151014 TRN*1*EFT3087485*120	\$2,843.65		\$335,775.72
10-14	BRANCH MIXED DEPOSIT AT RENOVO	\$429.93		\$336,205.65
	CASH DEPOSIT \$ 406.93			
	CHECK DEPOSIT \$ 23.00			
10-14	COMM OF PA PROMISE MA151014 TRN*1*51207515003418	\$195.22		\$336,400.87
10-14	COMM OF PA PROMISE MA151014 TRN*1*51207515003419	\$49.89		\$336,450.76
10-14	FDMS-SETTLEMENT DEPOSIT 151014 235166131997	\$15.00		\$336,465.76
10-14	CHECK 000000075118			\$336,465.76
10-14	FEES FOR ACCOUNT ANALYSIS 09/30/15		\$68.45	\$336,397.31
10-15	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT		\$308.74	\$336,088.57
10-15	NOVITAS SOLUTION HCCLAIMPMT151015 TRN*1*EFT3088628*120	\$4,300.00		\$340,388.57
10-15	NOVITAS SOLUTION HCCLAIMPMT151015 TRN*1*EFT3088744*120	\$2,846.81		\$343,235.38
10-15	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT	\$870.40		\$344,105.78
10-15	FDMS-SETTLEMENT DEPOSIT 151015 235166131997	\$340.00		\$344,445.78
10-15	BUCKTAIL MEDICAL ACCT TRANS151015 BATCH OFFSET	\$15.00		\$344,460.78
10-15	BUCKTAIL MEDICAL ACCT TRANS151015 BATCH OFFSET		\$7,366.49	\$337,094.29
10-16	NOVITAS SOLUTION HCCLAIMPMT151016 TRN*1*EFT3089535*120	\$5,361.81	\$66,424.26	\$270,670.03
10-16	FDMS-SETTLEMENT DEPOSIT 151016 235166131997	\$4,587.30		\$276,031.84
10-16	NOVITAS SOLUTION HCCLAIMPMT151016 TRN*1*EFT3089642*120	\$1,415.84		\$280,419.14
10-16	BRANCH MIXED DEPOSIT AT RENOVO	\$1,071.72		\$281,834.98
	CASH DEPOSIT \$ 35.00			\$282,906.70
	CHECK DEPOSIT \$ 1,036.72			
10-19	BRANCH MIXED DEPOSIT AT RENOVO	\$22,268.96		\$305,175.66
	CASH DEPOSIT \$ 81.00			
	CHECK DEPOSIT \$ 22,187.96			
10-19	NOVITAS SOLUTION HCCLAIMPMT151019 TRN*1*EFT3090547*120	\$715.92		\$305,891.58
10-19	BRANCH TRANSACTION AT RENOVO - CASH DEPOSIT	\$330.47		\$306,222.05
10-19	NOVITAS SOLUTION HCCLAIMPMT151019 TRN*1*EFT3090448*120	\$163.78		\$306,385.83
10-19	FDMS-SETTLEMENT DEPOSIT 151017 235166131997	\$84.00		\$306,469.83
10-19	AMERICAN EXPRESS SETTLEMENT151017 2370907297	\$23.79		\$306,493.62
10-19	CHECK 000000075120		\$215.00	\$306,278.62
10-19	CHECK 000000075122		\$1,052.00	\$305,226.62
10-20	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT		\$8,120.00	\$313,346.62
10-20	BRANCH MIXED DEPOSIT AT RENOVO	\$4,354.62		\$317,701.24
	CASH DEPOSIT \$ 50.00			
	CHECK DEPOSIT \$ 4,304.62			
10-20	NOVITAS SOLUTION HCCLAIMPMT151020 TRN*1*EFT3091481*120	\$1,641.41		\$319,342.65
10-20	BRANCH MIXED DEPOSIT AT RENOVO	\$360.00		\$319,702.65
	CASH DEPOSIT \$ 10.00			
	CHECK DEPOSIT \$ 350.00			
10-20	FDMS-SETTLEMENT DEPOSIT 151020 235166131997	\$65.00		\$319,767.65
10-20	36 TREAS 310 1020159101036151 C PAY1020151510	\$38.28		\$319,805.93
10-20	CHECK 000000075119		\$457.59	\$319,348.34
10-20	CHECK 000000075123		\$864.58	\$318,483.76
10-20	BUCKTAIL MED GEN PAYROLL 151020 BATCH OFFSET		\$965.00	\$317,518.76
10-20	CHECK 000000075121		\$4,643.50	\$312,875.26
10-21	NOVITAS SOLUTION HCCLAIMPMT151021 TRN*1*EFT3092587*120	\$3,951.36		\$316,826.62
10-21	NOVITAS SOLUTION HCCLAIMPMT151021 TRN*1*EFT3092745*120	\$1,526.40		\$318,353.02
10-21	FDMS-SETTLEMENT DEPOSIT 151021 235166131997	\$15.00		\$318,368.02
10-21	SANTANDER BANK LOAN TRANS00000000 00000000000000015		\$4,247.88	\$314,120.14
10-21	BUCKTAIL MED GEN TAXPAYMENT151021 BATCH OFFSET		\$27,284.57	\$286,835.57

Account Activity (Cont. for Acct# 34690685)

Date	Description	Credits	Debits	Balance
10-22	NOVITAS SOLUTION HCCLAIMPMT151022 TRN*1*EFT3094083*120	\$829.26 ✓		\$287,664.83
10-22	COMMWLTHOFFPA INT PAEMPLOYTX151016 TXP*15761133 *		\$3,170.77 ✓	\$284,494.06
10-23	NOVITAS SOLUTION HCCLAIMPMT151023 TRN*1*EFT3095379*120	\$4,363.36 ✓		\$288,857.42
10-23	BRANCH MIXED DEPOSIT AT RENOVO	\$1,670.36 ✓		\$290,527.78
	CASH DEPOSIT \$ 157.25			
	CHECK DEPOSIT \$ 1,503.11			
10-23	CHECK 000000075124		\$469.54	\$290,058.24
10-26	BRANCH MIXED DEPOSIT AT RENOVO	\$6,353.43 ✓		\$296,411.67
	CASH DEPOSIT \$ 30.00			
	CHECK DEPOSIT \$ 6,323.43			
10-26	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT	\$1,577.78 ✓		\$297,989.45
10-26	NOVITAS SOLUTION HCCLAIMPMT151026 TRN*1*EFT3096653*120	\$869.68 ✓		\$298,859.13
10-26	BRANCH MIXED DEPOSIT AT RENOVO	\$814.00 ✓		\$299,673.13
	CASH DEPOSIT \$ 14.00			
	CHECK DEPOSIT \$ 800.00			
10-26	SANTANDER BANK, LOAN TRANS000000 000000000000000015		\$2,282.98 ✓	\$297,390.15
10-26	CHECK 000000075130		\$2,834.00	\$294,556.15
10-27	BRANCH MIXED DEPOSIT AT RENOVO	\$6,919.60 ✓		\$301,475.75
	CASH DEPOSIT \$ 50.00			
	CHECK DEPOSIT \$ 6,869.60			
10-27	NOVITAS SOLUTION HCCLAIMPMT151027 TRN*1*EFT3098219*120	\$6,232.96 ✓		\$307,708.71
10-27	BRANCH MIXED DEPOSIT AT RENOVO	\$577.84 ✓		\$308,286.55
	CASH DEPOSIT \$ 10.00			
	CHECK DEPOSIT \$ 567.84			
10-27	36 TREAS 310 1027159101036151 C PAY1027151510	\$12.57 ✓		\$308,299.12
10-27	CHECK 000000075134		\$60.00	\$308,239.12
10-27	CHECK 000000075146		\$148.56	\$308,090.56
10-27	CHECK 000000075143		\$1,001.07	\$307,089.49
10-28	NOVITAS SOLUTION HCCLAIMPMT151028 TRN*1*EFT3099693*120	\$1,715.07 ✓		\$308,804.56
10-28	COMM OF PA PROMISE MA151028 TRN*1*51207517003558	\$1,131.50 ✓		\$309,936.06
10-28	COMM OF PA PROMISE MA151028 TRN*1*51207517003559	\$119.44 ✓		\$310,055.50
10-28	CASHED CHECK 000000075125		\$522.35	\$309,533.15
10-28	CHECK 000000075140		\$214.86	\$309,318.29
10-28	CHECK 000000075149		\$221.71	\$309,096.58
10-28	CHECK 000000075128		\$425.00	\$308,671.58
10-28	CHECK 000000075133		\$530.70	\$308,140.88
10-28	CHECK 000000075142		\$1,000.00	\$307,140.88
10-28	CHECK 000000075144		\$4,224.69	\$302,916.19
10-28	CHECK 000000075137		\$5,841.88	\$297,074.31
10-28	CHECK 000000075136		\$11,292.57	\$285,781.74
10-29	NOVITAS SOLUTION HCCLAIMPMT151029 TRN*1*EFT3101088*120	\$878.43 ✓		\$286,660.17
10-29	36 TREAS 310 1029159101036151 C PAY1029151510	\$12.57 ✓		\$286,672.74
10-29	CHECK 000000075139		\$198.28	\$286,474.46
10-29	CHECK 000000075148		\$428.04	\$286,046.42
10-29	BUCKTAIL MED GEN PAYMENTS 151029 BATCH OFFSET		\$533.61 ✓	\$285,512.81
10-29	CHECK 000000075135		\$658.60	\$284,854.21
10-29	CHECK 000000075132		\$918.09	\$283,936.12
10-29	CHECK 000000075141		\$1,923.34	\$282,012.78
10-29	BUCKTAIL MEDICAL ACCT TRANS151029 BATCH OFFSET		\$74,752.15 ✓	\$207,260.63
10-30	BRANCH TRANSACTION AT RENOVO - CHECK DEPOSIT	\$8,436.54 ✓		\$215,697.17
10-30	BRANCH MIXED DEPOSIT AT RENOVO	\$1,748.05 ✓		\$217,445.22
	CASH DEPOSIT \$ 93.50			
	CHECK DEPOSIT \$ 1,654.55			
10-30	BRANCH MIXED DEPOSIT AT RENOVO	\$629.42 ✓		\$218,074.64
	CASH DEPOSIT \$ 364.43			
	CHECK DEPOSIT \$ 264.99			
10-30	NOVITAS SOLUTION HCCLAIMPMT151030 TRN*1*EFT3102279*120	\$587.41 ✓		\$218,662.05
10-30	36 TREAS 310 1030159101036151 C PAY1030151510	\$87.20 ✓		\$218,749.25
10-30	36 TREAS 310 1030159101036151 C PAY1030151510	\$23.03 ✓		\$218,772.28
10-30	FDMS-SETTLEMENT DEPOSIT 151030 235166131997	\$20.00 ✓		\$218,792.28
10-30	BUCKTAIL MEDICAL ACCT TRANS151030 BATCH OFFSET		\$55.89 ✓	\$218,736.39
10-30	CHECK 000000075147		\$100.00	\$218,636.39


Account Activity (Cont. for Acct# 34690685)

Date	Description	Credits	Debits	Balance
10-30	CHECK 000000075131			
10-30	BUCKTAIL MED GEN PAYMENTS 151030 BATCH OFFSET		\$394.12	\$218,242.27
10-30	BUCKTAIL MED GEN PAYMENTS 151030 BATCH OFFSET		\$560.76 ✓	\$217,681.51
10-31	Ending Balance		\$1,383.64 ✓	\$216,297.87
				\$216,297.87

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS
 CALL OUR BUSINESS CUSTOMER CONTACT CENTER AT 1-877-768-1145 OR WRITE TO THE BANK
 ATTN: BUSINESS CUSTOMER CONTACT CENTER
 Santander Way RI1 EPV 02 23
 East Providence, RI 02915

Please contact us if you think your statement or receipt is wrong or if you need additional information about a transfer on the statement or receipt. We must hear from you no later than 30 days after we sent you the FIRST statement on which the error appeared.

MSB302A/15110223469000291300300310000000291300000



12/03/15 12:35

Exhibit F - 3

Page: 1

User: smorgan

Application Code: CM

Bucktail Medical Center**Reconciliation Report**

Bank Code: 02 Santander Bank (Payroll)

Account No: 1000-000

Beginning Balance:	1,210.44	10/01/2015
Deposits:	225,246.89	
Disbursements:	225,226.89	
Adjustments:	0.00	

Ending Balance:	<u>1,230.44</u>	10/31/2015
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Less Outstanding Deposits:	0.00
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Plus Outstanding Disbursements:	140.96
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Less Outstanding Adjustments:	0.00
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Statement Balance:	<u>1,371.40</u>
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Outstanding Entries

Transation Date	Reference #	Description	Type	Decrease	Increase
05/01/2015	60710	LONG, CANDACE L	Disbursement	85.07	0.00
10/30/2015	60916	BERTIN, ASHLEY NICOLE	Disbursement	55.89	0.00
		Bank Total:		<u>140.96</u>	<u>0.00</u>

Total Number of Outstanding Entries Printed: 2



Exhibit F - 4.1

Statement Period 10/01/15 TO 10/31/15
Primary Account #: 34690693

For your convenience our Business
Customer Contact Center is available Monday
through Friday, 8:00 am to 6:00 pm.
and Saturday, 8:00 am to 5:00 pm.
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MSBG02AJ151102234909-00002649-003-10 00

PAYROLL ACCOUNT
THE BUCKTAIL MEDICAL CENTER
1001 PINE ST
RENOVO PA 17764-1618

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1508SMEC 08/15

BUSINESS CHECKING

Statement Period 10/01/15 - 10/31/15

THE BUCKTAIL MEDICAL CENTER

Account # 34690693

Balances

Beginning Balance	\$1,315.51	Ending Balance	\$1,371.40
Deposits/Credits	+\$225,221.89	Average Daily Balance	\$8,440.77
Withdrawals/Debits	-\$225,166.06		



Checks Posted

Check #	Date Paid	Amount	Reference	Check #	Date Paid	Amount	Reference
60885	10/01	\$505.22	1050916031	60901	10/16	\$585.01	1052871310
60886	10/01	\$666.93	1050940334	60902	10/16	\$654.23	1052893463
60887	10/01	\$586.12	1050942796	60903	10/16	\$550.95	1052852788
60888	10/01	\$1,243.64	1050916274	60904	10/16	\$962.77	1052851472
60889	10/02	\$359.54	1051043870	60905	10/16	\$365.95	1052820214
60890	10/01	\$533.24	1050942576	60906	10/16	\$483.10	1052871213
60891	10/01	\$596.41	1050945693	60907	10/16	\$595.17	1052854572
60892	10/01	\$271.00	1050966380	60908	10/22	\$50.74	0973725015
60893	10/01	\$103.23	1050939022	60909	10/16	\$355.25	1052892366
60894	10/01	\$392.10	1050914820	60910	10/16	\$655.46	1052886009
60895	10/01	\$655.47	1050942410	60911	10/16	\$618.36	1052822894
60896	10/01	\$618.38	1050942260	60912	10/16	\$545.07	1052922786
60897	10/01	\$545.08	1050947557	60913	10/16	\$657.50	1052851639
60898	10/01	\$654.00	1050915424	60914	10/27	\$264.38	1054189592
60899	10/02	\$607.54	1051040076	60915	10/16	\$102.55	1052852770
60900	10/01	\$236.51	1050915614				

31 Check(s) Posted = \$15,940.90

Account Activity

Date	Description	Credits	Debits	Balance
10-01	Beginning Balance			\$1,315.51
10-01	BUCKTAIL MEDICAL ACCT TRANS151001 TRANSFER ID	\$68,048.69		\$69,364.20
10-01	BUCKTAIL MEDICAL ACCT TRANS151001 TRANSFER ID	\$8,574.41		\$77,938.61
10-01	CASHED CHECK 000000060884		\$392.10	\$77,546.51
10-01	CASHED CHECK 000000060889		\$654.00	\$76,892.51
10-01	CASHED CHECK 000000060900		\$236.51	\$76,656.00
10-01	CASHED CHECK 000000060885		\$505.22	\$76,150.78
10-01	CASHED CHECK 000000060888		\$1,243.64	\$74,907.14
10-01	CASHED CHECK 000000060893		\$103.23	\$74,803.91
10-01	CASHED CHECK 000000060886		\$606.93	\$74,196.98
10-01	CASHED CHECK 000000060897		\$545.08	\$73,591.90
10-01	CASHED CHECK 000000060896		\$618.38	\$72,973.52
10-01	CASHED CHECK 000000060895		\$655.47	\$72,318.05
10-01	CASHED CHECK 000000060890		\$533.24	\$71,784.81
10-01	CASHED CHECK 000000060887		\$586.12	\$71,198.69
10-01	CASHED CHECK 000000060891		\$596.41	\$70,602.28
10-01	CASHED CHECK 000000060892		\$271.00	\$70,331.28
10-02	CASHED CHECK 000000060899		\$607.54	\$69,723.74
10-02	CASHED CHECK 000000060889		\$359.54	\$69,364.20
10-02	BUCKTAIL2 BATCH OFFSET 10/2		\$68,048.69	\$1,315.51
10-15	BUCKTAIL MEDICAL ACCT TRANS151015 TRANSFER ID	\$66,424.26		\$67,739.77
10-15	BUCKTAIL MEDICAL ACCT TRANS151015 TRANSFER ID	\$7,366.49		\$75,106.26
10-16	CASHED CHECK 000000060904		\$962.77	\$74,143.49
10-16	CASHED CHECK 000000060913		\$657.50	\$73,485.99
10-16	CASHED CHECK 000000060915		\$102.55	\$73,383.44
10-16	CASHED CHECK 000000060903		\$550.95	\$72,832.49
10-16	CASHED CHECK 000000060907		\$595.17	\$72,237.32
10-16	CASHED CHECK 000000060906		\$483.10	\$71,754.22
10-16	CASHED CHECK 000000060901		\$505.01	\$71,249.21
10-16	CASHED CHECK 000000060910		\$655.46	\$70,593.75
10-16	CASHED CHECK 000000060909		\$355.25	\$70,238.50
10-16	CASHED CHECK 000000060902		\$654.23	\$69,584.27
10-16	CASHED CHECK 000000060905		\$365.95	\$69,218.32
10-16	CASHED CHECK 000000060912		\$545.07	\$68,673.25
10-16	CASHED CHECK 000000060911		\$618.36	\$68,054.89
10-16	BUCKTAIL2 BATCH OFFSET 10/16		\$66,424.26	\$1,630.63
10-22	CHECK 000000060908		\$50.74	\$1,579.89
10-27	CASHED CHECK 000000060914		\$264.38	\$1,315.51
10-29	BUCKTAIL MEDICAL ACCT TRANS151029 TRANSFER ID	\$74,752.15		\$76,067.66

11/19/15 15:38

Bucktail Medical Center

Exhibit F - 5

Application Code: CM

Reconciliation Report

User: smorgan

Bank Code: 03 Santander Capital Campaign

Account No: 1350-080

Beginning Balance:	14,059.10	10/01/2015
Deposits:	1.16	
Disbursements:	0.00	
Adjustments:	0.00	

Ending Balance:	<u>14,060.26</u>	10/31/2015
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Less Outstanding Deposits:	0.00
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Plus Outstanding Disbursements:	0.00
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Less Outstanding Adjustments:	0.00
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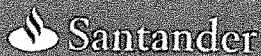
Statement Balance:	<u>14,060.26</u>
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Outstanding Entries

Transaction Date	Reference #	Description	Type	Decrease	Increase
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Bank Total:

Total Number of Outstanding Entries Printed: 0



MSBG02AJ151102234909-00002914-001-10 00

THE BUCKTAIL MEDICAL CENTER
1001 PINE ST
RENOVO PA 17764-1618

Statement Period 10/01/15 TO 10/31/15
Primary Account #: 8510145403

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Customer Contact Center is available Monday
through Friday, 8:00 am to 6:00 pm.
and Saturday, 8:00 am to 5:00 pm.
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1031

BUSINESS MONEY MARKET

Statement Period 10/01/15 - 10/31/15

THE BUCKTAIL MEDICAL CENTER

Account # 8510145403

Balances

Beginning Balance	\$14,059.10	Ending Balance	\$14,060.26
Deposits/Credits	+\$1.16	Average Daily Balance	\$14,059.17
Withdrawals/Debits	-\$0.00		

Interest

Paid this Period *	\$1.16	Annual Percentage Yield Earned	0.10%
Earned this Period	\$1.19	Paid Last Year	\$34.97
Paid Year-To-Date	\$11.67		

* The interest earned and the interest paid may differ depending on when interest is credited to your account.

Account Activity

Date	Description	Credits	Debits	Balance
10-01	Beginning Balance			\$14,059.10
10-30	INTEREST CREDIT FROM 09/29/2015 TO 10/28/2015	\$1.16		\$14,060.26
10-31	Ending Balance			\$14,060.26

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS
CALL OUR BUSINESS CUSTOMER CONTACT CENTER AT 1-877-768-1145 OR WRITE TO THE BANK
ATTN: BUSINESS CUSTOMER CONTACT CENTER
Santander Way RI1 EPV 02 23
East Providence, RI 02915

Please contact us if you think your statement or receipt is wrong or if you need additional information about a transfer on the statement or receipt. We must hear from you no later than 30 days after we sent you the FIRST statement on which the error appeared.

MSBG02AJ151102234909000291400100110000000291400000



11/24/15 17:12

Bucktail Medical Center

Exhibit F - 7

Application Code: CM

Reconciliation Report

User: krossell

Bank Code: **05 WOODLANDS BANK CHECKING**

Account No: 1000-007

Beginning Balance:	335,865.00	10/01/2015
Deposits:	0.00	
Disbursements:	79,579.40	
Adjustments:	0.00	

Ending Balance:	<u>256,285.60</u>	10/31/2015
-----------------	-------------------	------------

Less Outstanding Deposits:	0.00
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Plus Outstanding Disbursements:	0.00
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Less Outstanding Adjustments:	0.00
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Statement Balance:	<u>256,285.60</u>
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Outstanding Entries

Transation Date	Reference #	Description	Type	Decrease	Increase
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Bank Total:

Total Number of Outstanding Entries Printed: 0



Exhibit F - 8

2450 East Third Street
Williamsport, PA 17701*****AUTO**SCH 5-DIGIT 17740
3027 0.6200 AV 0.391 8 1 458
BUCKTAIL MEDICAL CENTER
1001 PINE STREET
RENOVO PA 17764-1618

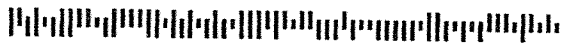
3655 WBK

STATEMENT DATE

10/31/15

0014217616

ACCOUNT NO.



4
*** CHECKING *** SMALL BUSINESS CYCLE-031
ACCOUNT NUMBER 0014217616
PREVIOUS STATEMENT BALANCE AS OF 09/30/15 335,865.00
PLUS 2 DEPOSITS AND OTHER CREDITS .21
LESS 5 CHECKS AND OTHER DEBITS 79,579.61
CURRENT STATEMENT BALANCE AS OF 10/31/15 256,285.60
NUMBER OF DAYS IN THIS STATEMENT PERIOD 31

*** CHECK TRANSACTIONS ***
SERIAL DATE AMOUNT SERIAL DATE AMOUNT
111 10/02 50,000.00 1130* 10/05 848.99
1120* 10/05 1,988.41

*** CHECKING ACCOUNT TRANSACTIONS ***
DATE DESCRIPTION DEBITS CREDITS
10/01 DEBIT MEMO 26,742.00
10/05 AC-BANK OF AMERICA -ACCT CNFRM .01
10/05 AC-BANK OF AMERICA -ACCT CNFRM .20
10/05 AC-BANK OF AMERICA -ACCT CNFRM .21

	TOTAL FOR THIS PERIOD	TOTAL YEAR-TO-DATE
TOTAL OVERDRAFT FEES	.00	.00
TOTAL RETURNED ITEM FEES	.00	.00

*** BALANCE BY DATE ***
09/30 335,865.00 10/01 309,123.00 10/02 259,123.00 10/05 256,285.60

Celebrate our 25th Anniversary with us. We will pay you \$25 when you refer someone to open a Silver Checking account with us. Contact us or see our website for details. Limited time offer.

NOTE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

BUCKTAIL MEDICAL CENTER

Interim Income Statement (Unaudited) - October 2015

Description	For the Period 10/03 to 10/31/15
<u>PATIENT SERVICE REVENUE:</u>	
INPATIENT	188,425
COMMUNITY CLINIC	34,763
OUTPATIENT	315,609
LONG TERM CARE	261,388
	<hr/>
TOTAL PATIENT REVENUE:	800,185
LESS: THIRD PARTY ALLOWANCES	266,218
LESS: CHARITY CARE / HILL BURTON	488
LESS: BAD DEBTS	65,378
COST RECOVERY CAPITATION	(2,609)
	<hr/>
NET PATIENT REVENUE	470,710
OTHER OPERATING REVENUE	3,242
	<hr/>
TOTAL OPERATING REVENUE	473,952
 <u>EXPENSES:</u>	
SALARIES AND WAGES	261,354
SUPPLIES	47,704
PURCHASED SERVICES	46,533
OTHER EXPENSES	9,210
AGENCY STAFFING EXPENSES	33,655
PROFESSIONAL FEES	59,000
EMPLOYEE BENEFITS	52,353
DEPRECIATION	42,840
INTEREST	3,661
INSURANCE	191
UTILITIES & COMMUNICATIONS	32,839
	<hr/>
TOTAL OPERATING EXPENSES	589,340
	<hr/>
INCOME / (LOSS) FROM OPERATIONS	(115,388)
NON-OPERATING REVENUE	535
	<hr/>
NET INCOME / (LOSS)	<u><u>(114,853)</u></u>

BUCKTAIL MEDICAL CENTER

Attachment 3

Interim Balance Sheet (Unaudited) - October 2015

Description	Balance Sheet At 10/31/15
<u>ASSETS:</u>	
PETTY CASH	280
CASH ACCOUNTS	406,944
PATIENT ACCOUNTS RECEIVABLE	1,495,431
ALLOWANCE FOR DOUBTFUL ACCOUNTS	(397,663)
CONTRACTUAL ALLOWANCES	(591,380)
ACCOUNTS RECEIVABLE - OTHER	23,247
DEPOSITS WITH VENDORS	23,515
RESIDENTS CASH ACCOUNT	18,803
INVENTORIES	60,874
PREPAID ACCOUNTS-INS/MAINT	115,592
FIXED ASSETS	7,947,317
DEPRECIATION	(6,779,409)
CAPITAL CAMPAIGN/PLEDGES/STOCK	12,935
TOTAL ASSETS	<u>2,336,486</u>
<u>LIABILITIES:</u>	
NOTES PAYABLE-SOVEREIGN-SHORT	997,351
NOTES PAYABLE-SOVEREIGN-LONG	1,156,982
DEFERRED REVENUE	277,109
RESIDENT'S LIABILITY	18,803
ACCOUNTS PAYABLE / PRE-PETITION	1,308,843
ACCOUNTS PAYABLE / POST-PETITION	53,674
EMPLOYEE BENEFITS ACCRUALS	53,577
ACCRUED PAYROLL/VACATION	321,142
ACCRUED-FICA/INTEREST/TRADE A/P	93,725
ACCRUED AUDIT/LEGAL FEES	15,000
PA SALES TAX PAYABLE	311
MATERIALS MANAGEMENT CLEARING	3,368
FUND BALANCE/RETAINED EARNINGS	(1,963,399)
TOTAL LIABILITIES & FUND BALANCE	<u>2,336,486</u>